

DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL MEDICAL COUNCIL395 Oyster Point Blvd., Ste. 102
South San Francisco, CA 94080
Tel. No.: (650) 737-2700 or 1 (800) 794-6900 Fax No.: (650) 737-2711

ADDRESS REPLY TO:

P. O. Box 8888
San Francisco, CA 94128-8888**IMPORTANT: RETURN TO IMC WITHIN 15 DAYS**

Date: _____

TO: _____

EMPLOYEE'S NAME _____

Claim Number: _____ Panel Number: _____

~~NOTICE OF LATE QME REPORT - EXTENSION REQUEST DENIED~~

~~Your QME has not completed your medical evaluation report within the required time from the date of your evaluation. You can accept the delay of your evaluation report or ask IMC for a replacement panel and repeat the QME process.~~

~~You are required to make a decision, check, sign and return this form using the postage prepaid return envelope within 15 days. This time period may be extended upon a showing of good cause to the Medical Director.~~

~~() Check here if you give up your right to a new QME panel at this time. If the QME does not serve the report by _____, you may call and request a new panel.~~

~~() Check here if you wish to have a new QME panel.~~

Signature: _____ Date: _____

If you are represented, please consult your attorney.

If you have any questions, please call (650) 737-2700/800-794-6900 or write to:

INDUSTRIAL MEDICAL COUNCIL
P.O. Box 8888
San Francisco, CA 94128-8888cc: _____ Claims Administrator
_____ QME